



Table of Heirship

Please complete items 1 - 6 in full. Form must be notarized.

Table of Heirship for:							, Deceased	
Property ID #					Date of Death:			
		FIRST	MIDDLE	(MAIDEN) LAST	Date of Birth	Date of Death		
1. Spouse of the Deceased	3 rd							
	2 nd							
	1 st							
2. Children of the Deceased	1 st							
	2 nd							
	3 rd							
	4 th							
	5 th							
3. Grandchildren of the Deceased	1 st							
	2 nd							
	3 rd							
	4 th							
	5 th							
4. Parents of the Deceased	Father:							
	Mother:							
5. Brothers and Sisters of the Deceased	1 st							
	2 nd							
	3 rd							
	4 th							
6. Children of the Deceased Brothers and Sisters	1 st							
	2 nd							
	3 rd							
	4 th							
	5 th							
<p>The undersigned claimant, being duly sworn, certifies under perjury that the above information is true and correct to the best of his or her knowledge, and that said claimant has full authority to act on behalf of the other claimants for the purpose of completing the above information.</p>								
PLEASE PRINT FULL NAME					SIGNATURE			
STREET ADDRESS		CITY		STATE	ZIP	DAYTIME PHONE		
<p>State of California, County of _____</p> <p>Subscribed and sworn to (or affirmed) before me on this _____ day of _____ 20____, by _____, by _____</p> <p>proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.</p>								
Signature _____					(seal)			